

SERFF Tracking Number:	FRSS-125762826	State:	Arkansas
Filing Company:	The Independent Order of Foresters	State Tracking Number:	39855
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Product Details Pages		
Project Name/Number:	/		

## Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Product Details Pages

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRSS-125762826 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39855

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Foresters Ali

Disposition Date: 08/08/2008

Date Submitted: 08/06/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/08/2008

State Status Changed: 08/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See cover Letter

## Company and Contact

### Filing Contact Information

Faida Ali, Compliance Analyst

fali@foresters.biz

789 Don Mills Road

(416) 429-3000 [Phone]

Toronto, ON M3C 1T9

(416) 467-2525[FAX]

SERFF Tracking Number:	FRSS-125762826	State:	Arkansas
Filing Company:	The Independent Order of Foresters	State Tracking Number:	39855
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Product Details Pages		
Project Name/Number:	/		

### Filing Company Information

The Independent Order of Foresters	CoCode: 58068	State of Domicile: Ontario
789 Don Mills Road	Group Code: -99	Company Type: Fraternal Benefit Society
Toronto, ON M3C 1T9	Group Name:	State ID Number:
(416) 429-3000 ext. [Phone]	FEIN Number: 98-0000680	
	-----	

SERFF Tracking Number:	FRSS-125762826	State:	Arkansas
Filing Company:	The Independent Order of Foresters	State Tracking Number:	39855
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Product Details Pages		
Project Name/Number:	/		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$40.00	08/06/2008	21810378

SERFF Tracking Number:	FRSS-125762826	State:	Arkansas
Filing Company:	The Independent Order of Foresters	State Tracking Number:	39855
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Product Details Pages		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/08/2008	08/08/2008

<i>SERFF Tracking Number:</i>	<i>FRSS-125762826</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Independent Order of Foresters</i>	<i>State Tracking Number:</i>	<i>39855</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Product Details Pages</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Disposition**

Disposition Date: 08/08/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FRSS-125762826	State:	Arkansas
Filing Company:	The Independent Order of Foresters	State Tracking Number:	39855
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Product Details Pages		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Form	Product Details Page		Yes
Form	Product Details Page		Yes

SERFF Tracking Number:	FRSS-125762826	State:	Arkansas
Filing Company:	The Independent Order of Foresters	State Tracking Number:	39855
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Product Details Pages		
Project Name/Number:	/		

## Form Schedule

**Lead Form Number:** 770148 US 11/08; 770331 US 11/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	770148 US 11/08	Enrollment Form	Application/ Product Details Page Revised	Replaced Form #:	770148 US 11/08		770148 US 11-08.pdf
				Previous Filing #:	770148 US 01/08		
	770331 US 11/08	Enrollment Form	Application/ Product Details Page Revised	Replaced Form #:	770331 US 11/08		770331 US 11-08.pdf
				Previous Filing #:	770331 US 03/08		

The Independent Order of Foresters ("Foresters")  
789 Don Mills Road  
Toronto, Canada M3C 1T9

U.S. Mailing Address:  
P.O. Box 179  
Buffalo, NY 14201-0179

www.foresters.com  
T. 800 828 1540



A Fraternal Benefit Society

## Product Details Page

This form is part of the Application for Individual Life Insurance.

Proposed Life Insured:

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Proposed life insured residence state: \_\_\_\_\_

Amount of life insurance applied for on the proposed life insured: \$ \_\_\_\_\_

## Instructions

Indicate below the type of coverage, including rider(s), if any, being applied for. Note: An asterisk (\*) indicates that a supplemental coverage application form must be completed, signed and submitted with the Application if this type of rider coverage is being applied for.

## Term Life

Term ☐ 10 year ☐ 20 year ☐ 30 year ☐ Other: \_\_\_\_\_

Available riders (if applicable to selected plan):

☐ Accidental death \$ \_\_\_\_\_

☐ Return of premium

☐ Waiver of premium

☐ Children's term\* \$ \_\_\_\_\_

☐ Critical illness (accelerated death benefit)\* \$ \_\_\_\_\_

Disability income coverage (only elect one type) \$ \_\_\_\_\_

☐ Disability income (accident & sickness)\* ☐ Disability income (accident only)\*

If underwriting approval is not given for Disability income (accident & sickness), then automatically apply for Disability income (accident only)? ☐ Yes ☐ No

☐ Other rider(s)\* \_\_\_\_\_

If underwriting approval is given other than as applied for, issue the certificate as follows:

☐ Maintain premium amount. ☐ Maintain face amount. ☐ Contact producer before issue.

Special instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The Independent Order of Foresters ("Foresters")  
789 Don Mills Road  
Toronto, Canada M3C 1T9

U.S. Mailing Address:  
P.O. Box 179  
Buffalo, NY 14201-0179

www.foresters.com  
T. 800 828 1540



A Fraternal Benefit Society

## Product Details Page

This form is part of the Application for Individual Life Insurance.

Proposed Life Insured:

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Proposed life insured residence state: \_\_\_\_\_

Amount of life insurance applied for on the proposed life insured: \$ \_\_\_\_\_

### Instructions

Indicate below the type of coverage, including rider(s), if any, being applied for. Note: An asterisk (\*) indicates that a supplemental coverage application form must be completed, signed and submitted with the Application if this type of rider coverage is being applied for.

### Term Life

**Strong Foundation**   ☐ Simplified issue   ☐ Fully underwritten

If applying for simplified issue, provide details of the life event:

☐ Mortgage amount: \$ \_\_\_\_\_ Name and address of lending institution: \_\_\_\_\_

☐ Marriage   ☐ Divorce   ☐ Birth or adoption of a child   ☐ Death of spouse

Date of life event: \_\_\_\_\_  
(mm/dd/yyyy)

Term   ☐ 10 year   ☐ 15 year   ☐ 20 year   ☐ 30 year   ☐ Other: \_\_\_\_\_

Available riders (if applicable to selected plan):

☐ Accidental death   Percentage of face amount: ☐ 25%   ☐ 50%   ☐ 75%   ☐ 100%

☐ Waiver of premium

☐ Living rewards (not available on 10 year term plans)

☐ Children's term\*   \$ 10,000.00 \_\_\_\_\_

☐ Critical illness (accelerated death benefit)\*   \$ \_\_\_\_\_

☐ Disability income (accident only)\*   \$ \_\_\_\_\_

☐ Other rider(s)\*: \_\_\_\_\_

If underwriting approval is given other than as applied for, issue the certificate as follows:

☐ Maintain premium amount.   ☐ Maintain face amount.   ☐ Contact producer before issue.

Special instructions: \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>FRSS-125762826</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Independent Order of Foresters</i>	<i>State Tracking Number:</i>	<i>39855</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Product Details Pages</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FRSS-125762826 State: Arkansas  
Filing Company: The Independent Order of Foresters State Tracking Number: 39855  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Product Details Pages  
Project Name/Number: /

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 08/06/2008  
**Comments:**  
**Attachment:**  
Readable Score.pdf

**Review Status:**  
**Satisfied -Name:** Application 08/06/2008  
**Comments:**  
See cover letter.  
**Attachment:**  
Product Details Cover Letter.pdf

## The Independent Order of Foresters

NAME OF COMPANY: The Independent Order of Foresters  
Forester House, 789 Don Mills Road, Toronto, Ontario M3C 1T9  
(416) 429-3000

### A. Option Selected

- ☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is below.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below.

#### Form and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Product Details Page	770331 US 03/08	46.7
Product Details Page	770148 US 01/08	40.5

### B. Test Option Selected

- ☒ 1. Test was applied to entire policy form(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

### C. Standards for Certification

**A checked block indicates the standard has been achieved.**

- ☒ 1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☐ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

This certification must be signed by an officer of the insurer.

\_\_\_\_\_  
Steve Lintner  
Director, Business Analysis, Product Solutions Group

August 6, 2008

\_\_\_\_\_  
Date

**NAIC #763-58068  
FEIN 980000680**



August 6, 2008

Arkansas Department of Insurance

**Re: The Independent Order of Foresters  
Product Details Pages – Form #770331 US 11/08  
Form #770148 US 11/08**

Dear Analyst:

We are submitting the above forms for approval in accordance with the insurance laws of your state. We are revising these forms to remove the Universal Life Section, as Foresters will no longer be selling our Forester Passport Flexible Premium Universal Life Insurance Certificate by the end of 2008. This revised product pages will replace our current product pages 770331 US 03/08 and 770148 US 01/08 as of November 15, 2008. The following table shows dates of approval of the referenced product pages which will be used with the same base application.

<b>Application Form #</b>	<b>Product Details Page #</b>	<b>Date of Approval</b>
770206 AR 01/08	770148 US 01/08	February 20, 2008
770206 AR 01/08	770331 US 03/08	April 7, 2008

The Product Details Pages will be used with the approved base application and related components when the applicant is applying for one of our Term Life Products all previously approved by your department.

Depending on the method of generation and printing, the formatting and fonts may be slightly altered but all content will remain identical to the approved forms. The font size will never be less than required by your state.

No part of this filing contains any unusual or possible controversial items from normal company or industry standards.

Approval of this form is not required by the Insurance Laws of Canada where this Society is domiciled.

If you require further information, please call me toll-free at 1-800-828-1540 Ext. 4107 or email me at [fali@foresters.com](mailto:fali@foresters.com).

Fraternally,

Faida Ali  
Compliance Analyst